

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$459.00 for dates of service, 09/13/01, 10/16/01, 10/29/01, 11/13/01, 11/26/01, 12/10/01, 01/30/02, 02/06/02, and 03/29/02.
- b. The request was received on 07/29/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial TWCC 60
    1. Letter to the Compliance & Practice Division of TWCC, dated 07/19/02
    2. EOB
    3. HCFA-1500
  - b. Additional documentation requested on 08/19/02 and received on 09/06/02
    1. Position statement
    2. Letter to the Compliance & Practice Division of TWCC, dated 07/19/02
    3. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 09/10/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 09/12/02. The response from the insurance carrier was received in the Division on 11/01/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. "Notice of Additional Information Submitted by Requestor" is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 08/30/02

“DOS where NO EOB WAS RECEIVED- Carrier was initially billed and didn’t respond. Provider then sent a request for reconsideration on June 12, 2002. Proof that carrier received the request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307 (j) (2) says only the reason brought up by the carrier can be heard at MDR. SOAH decisions say if the carrier doesn’t care to respond then they lose their opportunity to put in a reason. If no reason is put in by carrier as to the denial commission says becomes a ‘F’. All Fee guidelines followed on these dates.”

2. Respondent: No position statement submitted.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 09/13/01, 10/16/01, 10/29/01, 11/13/01, 11/26/01, 12/10/01, 01/30/02, 02/06/02, and 03/29/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$511.00 for services rendered on the dates of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$52.00 for services rendered on the dates of service in dispute above and denied any additional reimbursement as “F-FEE GUIDELINE MAR REDUCTION”.
5. The Requestor has submitted a letter to the Compliance & Practice Division of TWCC asking for an investigation of the Carrier’s failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, dates of service without an EOB will be reviewed as an “F” denial.
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$459.00 for services rendered on the dates of service in dispute above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/13/01 09/13/01 10/29/01 11/13/01 11/26/01 12/10/01 02/06/02	97750 MT 95851 95851 95851 95851 95851 95851	\$43.00 \$36.00 \$36.00 \$36.00 \$36.00 \$36.00 \$36.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	No EOB No EOB F F F F F	\$43.00/15 mins \$36.00	TWCC Rule 133.304( c ); MFG; MGR (I) (E) (4); CPT Descriptor	<p>The Requestor has submitted a letter to the Compliance &amp; Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, date of service 09/13/01 will be reviewed as an "F" denial. The Carrier has denied services as "F- FEE GUIDELINE MAR REDUCTION". The Carrier's denial code does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of <b>\$259.00</b> (\$36.00 x 6 = \$216.00 plus \$43.00 = \$259.00) is recommended.</p>
10/16/01 03/29/02	99213 99213	\$48.00 \$48.00	\$0.00 \$0.00	No EOB F	\$48.00	TWCC Rule 133.304( c ); MFG; MGR (I) (E) (4); CPT Descriptor	<p>The Requestor has submitted a letter to the Compliance &amp; Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, date of service 10/16/01 will be reviewed as an "F" denial. The Carrier has denied services as "F- FEE GUIDELINE MAR REDUCTION".</p> <p>For date of service, 10/16/01, the Requestor has not submitted documentation to support services rendered as billed. Therefore, no reimbursement is recommended.</p> <p>For date of service, 03/29/02, the Requestor has submitted Carrier's EOB recommending reimbursement in the amount of \$48.00. Reimbursement in the amount of <b>\$48.00</b> is recommended.</p>
01/30/02	97113	\$156.00	\$52.00	F	\$52.00	MFG; MGR (I) (9) (b); CPT Descriptor	<p>Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.</p> <p>The therapy notes for this date of service does not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, <b>no</b> additional reimbursement is recommended.</p>
<b>Totals</b>		\$511.00	\$52.00				The Requestor is entitled to reimbursement in the amount of <b>\$307.00</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$307.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31<sup>st</sup> day of December 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division